

No. C 51430	Due no later than May 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX TED EPPERLY MD 777 NORTH RAYMOND BOISE, ID 83704			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable FAMILY PRACTICE RESIDENCY OF IDAHO, TED EPPERLY MD 777 NORTH RAYMOND STREET BOISE, ID 83704	3. New Registered Agent Signature			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Sam Summer, MD	1819 Ellis Ave	Caldwell	ID	83605
Chairman/Prog Dir.	Ted Epperly, MD	777 N. Raymond	Boise	ID	83704
Director	Gary Fletcher	190 E Bannock	Boise	ID	83712
Director	Janelle Reilly	1099 N. Raut's Rd.	Boise	ID	83706
Director	Glenn Pool, MD	100 E. Idaho, Ste. 302	Boise	ID	83712
Director	Kevin Scanlan	702 E Idaho	Boise	ID	83701
Director	Karl Kurtz	450 W. State St. 10 th Flr.	Boise	ID	83720-0036
Director	James Blackman MD	777 N. Raymond	Boise	ID	83704
Director	Karen Kellie	1000 State St.	McCall	ID	83638
5. Organized Under the Laws of: IDAHO C 51430			6. Signature <u>Ted Epperly, MD</u> Date <u>3/17/05</u> Name (Typed or Printed) <u>Ted Epperly, MD</u> Title <u>Chairman and Program Director</u>		